|  |  |   |                 |                              |                              |                                   |                |            | (         | 94.                    | 15             | TXOX                | 10                     |  |  |
|--|--|---|-----------------|------------------------------|------------------------------|-----------------------------------|----------------|------------|-----------|------------------------|----------------|---------------------|------------------------|--|--|
| Application or Docket Number   |  |   |                 |                              |                              |                                   |                |            |           |                        |                |                     | ber                    |  |  |
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000   |  |   |                 |                              |                              |                                   |                |            |           |                        |                | 14                  | ľ                      |  |  |
|  |  |   |                 |                              |                              |                                   |                |            |           |                        |                |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                 |                              |                              |                                   | SMALL<br>TYPE, | EN         | ιπιγ<br>□ | OR                     | OTHER<br>SMALL |                     |                        |  |  |
| TOTAL CLAIMS   |  |   |                 |                              |                              |                                   |                | .RATE      |           | FEE                    |                | RATE                | FEE .                  |  |  |
| FOR  |  |   | NUMBER FILED    |                              | NUMBER EXTRA                 |                                   |                | BASIC      | EE        | 355.00                 | OR             | BASIC FEE           | 710.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 14 minus 20=    |                              |                              |                                   |                | X\$ 9=     |           |                        | OŖ             | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =       |                              | •                            |                                   |                | X40=       |           |                        | OR             | X80=                |                        |  |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT          | ;                            |                              |                                   |                |            | +135=     |                        | OR             | +270=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2 |  |   |                 |                              |                              |                                   |                | TOTA       | T         | : .                    | OR             | TOTAL               | 7/0,00                 |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                              |                              |                                   |                | •          |           |                        |                | OTHER               |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                              |                              |                                   |                | SMAI       | 11        | ENTITY                 | OR             | SMALL               |                        |  |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIGH<br>NUM<br>PREVI<br>PAID | BER                          | PRESENT<br>EXTRA                  |                | RATI       | E         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | . 14                                      | Minus           | 4                            | 20                           | = 0                               |                | X\$ 9      | =         |                        | OR             | X\$18=              | U                      |  |  |
|  | Independent                                    | . /                                       | Minus           | ***                          | 7                            | - U                               |                | X40=       | <u>.</u>  |                        | OR             | X80=                | Ü                      |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                              |                              |                                   |                | 105        |           |                        |                | +270=               | _                      |  |  |
| BEST AVAILARLE COPY  |  |   |                 |                              |                              |                                   |                | +135       |           |                        | OR             | TOTAL               | 0                      |  |  |
|  |  |   |                 |                              |                              |                                   |                | ADDIT. F   |           |                        | OR             | ADDIT. FEE          |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                              |                              |                                   |                |            |           |                        | 1              |                     |                        |  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVI                 | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA                  |                | RATI       | E         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | .16                                       | Minus           |                              | $O_{\cdot}$                  | = /                               |                | X\$ 9      | =         |                        | OR             | X\$18=              |                        |  |  |
| AME  | Independent                                    | NTATION OF M                              | Minus           | DENDEN.                      | S CLAIM                      | <u> -/</u>                        | -              | X40:       | = .       |                        | OR             | X80=                |                        |  |  |
| L  | FIRST PRESE                                    | NIATION OF M                              | OLTIPLE DE      | PENDEN                       | COAM                         | /                                 | J              | +135       | =/        |                        | OB             | +270=               |                        |  |  |
|  | •  |   |                 |                              |                              |                                   |                | ADDIT F    | AL<br>EE  |                        | OR             | TOTAL<br>ADDIT, FEE |                        |  |  |
|  | (Column 1) (Column 2) (Column 3                |   |                 |                              |                              |                                   |                |            |           |                        |                |                     |                        |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREV                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                  |                | RATI       | E         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | •   | Minus           | 44                           |                              | -                                 |                | X\$ 9      | =         |                        | OR             | X\$18=              | ï                      |  |  |
|  | Independent                                    | •   | Minus           | ***                          | Te Te                        | =                                 |                | X40:       |           | 100                    |                | X80=                |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                              |                              |                                   |                |            |           |                        | OR             |                     | <del> </del>           |  |  |
|  |  | 41-4 **                                   | Maria - 1       | hann A                       | in <b>1998</b> In            | ntumo 3                           |                | +135       |           |                        | OR             | +270=               |                        |  |  |
| ••   | If the "Highest Nu                             | ımın 1 is less than<br>ımber Previously i | Paid For IN 11  | HIS SPACE                    | is less th                   | en 20, anter "20                  | <b>o.</b> •    | ADDIT.     | EE        |                        | OR             | TOTAL ADDIT. FEE    | <u></u>                |  |  |
| "  | "If the "Highest No<br>The "Highest Nu         | umber Previously<br>mber Previously P     | raid For (Total | or Indepen                   | dent) is th                  | an 3, enter 3.°<br>e highest numb | oer to         | ound in th | e ap      | propriate bo           | x in c         | olumn 1. 🕠          |                        |  |  |